



# **BOARD OF ZONING ADJUSTMENT APPLICATION 2006**

All applications must be COMPLETE and submitted before 10:00 A.M. on the cutoff date. Application submitted after the cutoff date and time will be processed for the following hearing date.

(Applications are accepted 8:00 a.m. to 3:30 p.m. Monday through Friday.)

<b>CUTOFF DATE</b>	<b>Earliest Possible BZA HEARING DATE</b>
November 14, 2005	January 24, 2006
December 19, 2005	February 28, 2006
**January 17, 2006	March 28, 2006
February 13, 2006	April 25, 2006
March 13, 2006	May 23, 2006
April 17, 2006	June 27, 2006
May 15, 2006	July 25, 2006
June 12, 2006	August 22, 2006
July 17, 2006	September 26, 2006
August 14, 2006	October 24, 2006
September 18, 2006	November 28, 2006
**October 10, 2006	*December 19, 2006
November 13, 2006	January 23, 2007
December 18, 2006	February 27, 2007

\*3<sup>rd</sup> Tuesday due to Holiday

\*\* Tuesday due to Holiday



# **BOARD OF ZONING ADJUSTMENT APPLICATION 2006**

## **BEFORE YOU APPLY**

Arrange a meeting to discuss the proposed project with the appropriate Building Services Division representative. Staff will help you identify issues and determine if a Public Hearing is required. Application requirements vary depending upon the requested action.

### **Staff Contacts for:**

#### **Board of Zoning Adjustment and Graphics Commission:**

Jamie Freise	645-6350	e-mail: <a href="mailto:jffreise@columbus.gov">jffreise@columbus.gov</a>
Dave Reiss	645-7973	e-mail: <a href="mailto:djreiss@columbus.gov">djreiss@columbus.gov</a>
Denise Powers	645-1788	e-mail: <a href="mailto:dapowers@columbus.gov">dapowers@columbus.gov</a>

Meet with appropriate staff not less than one week prior to the cut-off date for submitting an application. This pre-filing meeting allows staff to become acquainted with the proposed application and helps you avoid later delays by identifying any missing or incomplete parts of the application package.

## **WHEN YOU ARE READY TO APPLY**

Submit a complete application package to appropriate staff on or before the cut-off date and time for the applicable public hearing. A check list of the application package requirements is printed on page 4.

### **THINGS TO REMEMBER**

- ☐ An application received after the cut-off date will be scheduled for a later hearing.
- ☐ Application fees are non-refundable.
- ☐ Staff will forward a copy of your application to the appropriate Area Commission, Historic Architectural Review Commission or recognized Civic Association to provide the opportunity for them to formulate a recommendation. **It is your responsibility to arrange to meet with that group and obtain a written recommendation.**
- ☐ The rezoning and variance processes address only the items granted in the hearing decision. Such approval does not constitute any other approval from the City. The City Building, Housing and Zoning Codes may require zoning clearance, a building permit, license(s), or sign permit(s) for your project to proceed following approval of your public hearing process application. For further information concerning Building Code requirements call 645-6079. For further information concerning Zoning Code requirements call 645-7314.
- ☐ The City of Columbus makes no determination whether an area proposed for public hearing action contains area(s) that might be classified as wetlands by the Army Corps of Engineers; nor does approval at the public hearing imply the site has complied with wetlands guidelines. It is your responsibility to determine if wetlands exist on the site.



OFFICE USE ONLY

Comments: \_\_\_\_\_ Application Number: \_\_\_\_\_ Commission/Group: \_\_\_\_\_  
 \_\_\_\_\_ Date Received: \_\_\_\_\_ Planning Area: \_\_\_\_\_  
 \_\_\_\_\_ Date of Hearing: \_\_\_\_\_ Acreage: \_\_\_\_\_  
 \_\_\_\_\_ Fee: \_\_\_\_\_ Existing Zoning: \_\_\_\_\_  
 \_\_\_\_\_ Accepted by: \_\_\_\_\_ Zoning Map #: \_\_\_\_\_

## BOARD OF ZONING ADJUSTMENT APPLICATION

### **TYPE(S) OF ACTION REQUESTED**

(Check all that apply)

☐ Variance ☐ Special Permit

*Indicate what the proposal is and list applicable code sections. State what it is you are requesting.*

Describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### **LOCATION**

1. Certified Address Number and Street Name \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Parcel Number (only one required.)  -

### **APPLICANT (IF DIFFERENT FROM OWNER)**

2. Name \_\_\_\_\_  
 3. Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 4. Phone# \_\_\_\_\_ Fax # \_\_\_\_\_  
 5. Email Address \_\_\_\_\_

### **PROPERTY OWNER(S)**

6. Name \_\_\_\_\_  
 7. Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 8. Phone# \_\_\_\_\_ Fax # \_\_\_\_\_  
 9. Email Address \_\_\_\_\_

☐ Check here if listing additional property owners on a separate page

### **ATTORNEY / AGENT (CIRCLE ONE)**

10. Name \_\_\_\_\_  
 11. Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 12. Phone# \_\_\_\_\_ Fax # \_\_\_\_\_  
 13. Email Address \_\_\_\_\_

### **SIGNATURES**

14. Applicant Signature \_\_\_\_\_  
 15. Property Owner Signature \_\_\_\_\_  
 16. Attorney/Agent Signature \_\_\_\_\_



## BZA APPLICATION CHECKLIST

The application package must consist of **TWO (2) COMPLETE SETS** of all items listed below, one of which must contain the original signed forms.

- ☐ **The Application Form**
- ☐ **Notarized Affidavit Form and Label Sets**
- ☐ **Notarized Project Disclosure Statement**
- ☐ **Statement of Hardship**
- ☐ **Address Card**

The source for address card is the Columbus Department of Public Service, Division of Transportation; 109 N. Front Street, 3rd floor; Columbus, Ohio 43215. Phone (614) 645-5660, FAX (614) 645-7467.

- ☐ **Legal Description of the Subject Property**  
Current property survey to include acreage of the subject property and all bearings and distances, referencing the centerline intersection of two public streets. (Acceptance of subdivision lot numbers with corresponding plat map copies is contingent upon staff review.)
- ☐ **Location Maps (E-plot and A-plot maps)**  
Location maps shall consist of subject site outlined or highlighted on an E-plot map and on an A-plot map using ALL data layers. Location maps must be to engineer's scale. E-plot and A-plot maps are available from the Franklin County Auditor's Map Room; 373 South High Street, 20th floor; Columbus, Ohio 43215. Phone (614) 462-4663. If in another county a comparable map must be obtained. (On both Graphics Commission and BZA)
- ☐ **Site Plan**  
The site plan must be drawn to a common, measurable scale and provide applicable information as itemized on the attached Site Plan checklist. EACH application set must include a 2' x 3' original scale plan and an 8-1/2" x 14" reduction. [A total of two (2) 2' x 3' original scale plans and two (2) 8-1/2" x 14" reductions are required.] Additional copies may be required for applications within areas of overlapping review. Floor plans and elevations may also be required.
- ☐ **Power of Attorney**  
If you are an applicant who does not own the subject property, and you are not the owner's attorney, an engineer or an architect licensed by the State of Ohio, you must submit a power of attorney from the owner. If the subject property is owned by a partnership, corporation, limited liability company, trust or estate, and you are not an attorney, an engineer or an architect licensed by the State of Ohio, you must submit a corporate resolution, a letter of authority from the probate court, or other legal document indicating your right to represent its interest.
- ☐ **Zoning Orders**  
If this application is being made due to issuance of zoning violation orders, please attach a copy of the orders.
- ☐ **Application Fees (Non-Refundable)**

1-3 dwelling units, per dwelling unit, for residential uses	\$260.00
All other uses	\$1550.00

Checks are to be made payable to: Columbus - City Treasurer

### Tabling Fees:

<b>First:</b>	1-3 Dwelling Units	\$75.00
	All Others	\$500.00
<b>Second:</b>	1-3 Dwelling Units	\$150.00
	All Others	\$750.00

### Third and subsequent tablings:

1-3 Dwellings Units	\$225.00
All Others	\$1000.00
Reconsideration or Amendments after final action are the same as the current fee.	



# AFFIDAVIT

(See next page for instructions.)

STATE OF OHIO  
COUNTY OF FRANKLIN

APPLICATION # \_\_\_\_\_

Being first duly cautioned and sworn (1) NAME \_\_\_\_\_  
of (1) MAILING ADDRESS \_\_\_\_\_

deposed and states that (he/she) is the applicant, agent, or duly authorized attorney for same and the following is a list of the name(s) and mailing address(es) of all the owners of record of the property located at

(2) per ADDRESS CARD FOR PROPERTY \_\_\_\_\_  
for which the application for a rezoning, variance, special permit or graphics plan was filed with the Department of Development, Building Services Division on (3) \_\_\_\_\_

(THIS LINE TO BE FILLED OUT BY CITY STAFF)

SUBJECT PROPERTY OWNER'S NAME  
AND MAILING ADDRESS

(4) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT'S NAME AND PHONE #  
(same as listed on front of application)

\_\_\_\_\_  
\_\_\_\_\_

AREA COMMISSION OR CIVIC GROUP  
AREA COMMISSION ZONING CHAIR OR  
CONTACT PERSON AND ADDRESS

(5) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

and that the following is a list of the **names** and **complete mailing addresses**, including **zip codes**, as shown on the **County Auditor's Current Tax List or the County Treasurer's Mailing List**, of all the **owners of record of property within 125 feet** of the exterior boundaries of the property for which the application was filed, **and** all of the owners of any property within 125 feet of the applicant's or owner's property in the event the applicant or the property owner owns the property contiguous to the subject property:

(6) PROPERTY OWNER(S) NAME	(6A) ADDRESS OF PROPERTY	(6B) PROPERTY OWNER(S) MAILING ADDRESS
----------------------------	--------------------------	--

_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ (7) Check here if listing additional property owners on a separate page.

SIGNATURE OF AFFIANT (8) \_\_\_\_\_

Subscribed to me in my presence and before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

SIGNATURE OF NOTARY PUBLIC (8) \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

*Notary Seal Here*



## **INSTRUCTIONS FOR AFFIDAVIT**

- (1) Name and address of the person who did the research at the Court House. It is important that the person who does the research is the same person who signs the notarized affidavit.
- (2) Address of the property as indicated on the address card from the Division of Engineering and Construction; 109 N. Front Street, 3rd floor; Columbus, Ohio 43215, Phone (614) 645-7467.
- (3) Leave blank - we will fill this out at the time of application.
- (4) From real property records located on the 20th floor of the Franklin County Court House Building, 373 South High Street, or other records enter the name and address of the owner(s) of the property the application is for. (This should be the same as the "Property Owner" shown on the application.)
- (5) Fill in the appropriate Area Commission/Civic Group and complete address. This information can be obtained by contacting Michael Puckett, Manager: Neighborhood Liaisons at (614) 645-3219.
- (6) From the same records as in Item #4, enter the name and complete mailing address (including zip code) of the owners of all property located within 125 feet of the property lines identified and sworn in Item #2 above. This includes properties across the street and in other municipalities and jurisdictions, if appropriate. Also, include the owners of any property within 125 feet of the applicant's property in the event the applicant or the property owner of the subject site owns the property contiguous to the subject property.
  - (6A) It is the affiant's responsibility to determine the actual address, including personally visiting the properties, if necessary. If a property within the required 125 foot notice area is undeveloped and no address is available, indicate "undeveloped".
  - (6B) DO NOT list a mortgage company as a mailing address for the property unless title to the property is held by the mortgage company, thereby making the company the actual property owner. It is the affiant's responsibility to exercise reasonable diligence to determine the address of the actual property owner. Indicate "unavailable" if the actual property owners address cannot be determined.
- (7) Check appropriate line to indicate if a continuation sheet of property owners is attached. (If more space is needed for a continuation sheet, a plain white sheet of paper with the additional property owners listed in the same format will be sufficient.)
- (8) This form must be signed in the presence of a Notary Public.
- (9) Please submit 2 label sets (in Avery #5160 format) and 1 master set on paper listing the names and complete addresses of:
  - (9A) The applicant as listed in item #2 and #3 on the front page of this application,
  - (9B) Item #4 on this affidavit,
  - (9C) Item #5 on this affidavit, and
  - (9D) The names and complete address of the real property owner(s) listed in the first column of Item #6 on this affidavit.
  - (9E) Mailing Labels:
    - A. Use Zip Codes
    - B. Use All Caps
    - C. Machine Print or Typewritten **ONLY** (No Handwritten or Script)
    - D. Omit Punctuation except the hyphen when using 9 digit zip codes.

**REMEMBER: NOTHING GOES BELOW THE CITY, STATE, AND ZIP CODE LINE**



## ZONING REVIEW CHECKLIST

### INFORMATION REQUIRED FOR ZONING CLEARANCE

To expedite the Zoning Clearance Process, please contact one of the Zoning Clearance Plan Review Staff for an appointment. Usually that staff person will be working with you until the project receives Zoning Clearance.

Project Address \_\_\_\_\_

Date \_\_\_\_\_ Zoning Plans Examiner \_\_\_\_\_

☐ **Your submittal has been found incomplete and/or insufficient and cannot be accepted for review at this time. No application number has been issued.**

1. To apply for a building permit, fill out the Building Permit Application and submit at least three (3) complete sets of building plans with site plans attached, and fifteen (15) loose site plans.
2. To apply for a foundation start, fill out a Building Permit Application and submit two (2) complete sets of foundation plans and two (2) additional loose site plans.
3. Provide a current, original "E" size plot map with all data layers and tax map label, plotted to a standard engineering scale. Size: 30" x 36." Source: Franklin County Auditor's Office, 373 S. High Street, 20th floor. *Note:* For projects located in Delaware or Fairfield Counties, comparable parcel information should be obtained from the auditor's office for each county.
4. The following information must be shown on the (Zoning Clearance) Site Plan sheet(s). *Note:* To the extent possible, exclude non-zoning related information from the zoning site plan sheets.
  - A. Site Plan, drawn and plotted to a standard engineering scale. [See item #5 for additional required details.]
  - B. Site location map.
  - C. Zoning District of the subject site and adjacent sites.
  - D. Total area of the site in square feet, or for residential projects, list the site area in acres and density in units per acre.
  - E. Square footage breakdown for each use and the required and provided parking breakdown. Where provided parking exceeds sixty (60) spaces, indicate the required and provided number of shade trees.
  - F. Height of building(s) and/or structure(s).
  - G. Flood designation, map number, and effective date. And, where they occur on the site, show the 100-year flood plain and floodway boundaries, and base flood elevations.
  - H. Dumpster screening details.
  - I. A note that the proposed project will comply with sections 3342.09 Dumpster; 3342.11 Landscape; 3342.12 Lighting; 3342.17 Screens; 3342.23 Striping/Marking; 3342.24 Surface; and 3342.26 Wheel Stops/Curb.
  - J. All applicable rezoning limitation text, CPD or PUD text, and/or Variance text printed on Site Plan sheet.
  - K. Illustrations of all building facade materials and treatment, landscaping details and/or lighting details required by all applicable Certificate(s) of Appropriateness, rezoning, variance, or other ordinance.
  - L. Attach Architectural Review, Historic Resources or Downtown Commission's Certificate of Appropriateness letter to each (Zoning Clearance) Site Plan set. All sheets stamped as part of Certificate of Appropriateness must be included in the full plan sets; each Site Plan sheet is also to be stamped and signed.
5. At least the following information must appear on each Site Plan:
  - M. For projects within the University Planning Overlay area - list and certify all required calculations. Submit stamped plans, along with Certificate of Approval.
  - N. For projects within any other Planning Overlay Area including an Urban Commercial Overlay area – show how and certify that the proposed project will meet the Overlay requirements.
  - O. Verification from the Recreation and Parks Department that the requirements of the Parkland Dedication Ordinance have been met.
  - P. Engineer's or Architect's seal and signature must appear on each (Zoning Clearance) Site Plan sheet. *Note:* For projects affected by rezoning limitation texts or CPD texts, the seal and signature must appear under a statement that certifies the building and site plans meet all required text standards.
  - a. North arrow and scale.
  - b. Label distance from a site boundary to the nearest street intersection.
  - c. Label and dimension right-of-way lines, building setback, property lines, and parking setback line.
  - d. Label and dimension required and proposed side and rear yards.
  - e. Label existing and proposed driveway (onsite), off-site adjacent and opposing existing drivings (including the land use of the property they serve), aisle and parking space dimensions (including spaces to meet the City's Accessible Parking Space Policy), radius or flair for curb cuts.
  - f. Label dimensions for loading docks/loading areas and maneuvering area.
  - g. Show and label parking lot shade trees to be provided.
  - h. Show and label buffer screens when required.
  - i. Show and label all fences, indicating height and opacity.
  - j. Show dumpsters screened on three (3) sides.
  - k. Show wheel stops and/or curbs for parking.
  - l. Show stacking and bypass lanes for drive-through pickups.
  - m. Show and label all sidewalks required in public r.o.w.
  - n. Show and label all street trees required in public r.o.w.
  - o. Show LDN contour lines and LDN number. (Day-Night sound level noise index)





STATEMENT OF HARDSHIP

APPLICATION # \_\_\_\_\_

3307.09 Variances by Board.

- A. The Board of Zoning Adjustment shall have the power, upon application, to grant variances from the provisions and requirements of this Zoning Code (except for those under the jurisdiction of the Graphics Commission and except for use variances under the jurisdiction of the Council). No variance shall be granted unless the Board finds that all of the following facts and conditions exist:
  - 1. That special circumstances or conditions apply to the subject property that do not apply generally to other properties in the same zoning district.
  - 2. That the special circumstances or conditions are not the result of the actions of the property owner or applicant.
  - 3. That the special circumstances or conditions make it necessary that a variance be granted to preserve a substantial property right of the applicant which is possessed by owners of other property in the same zoning district.
  - 4. That the grant of a variance will not be injurious to neighboring properties and will not be contrary to the public interest or the intent and purpose of this Zoning Code.
- B. In granting a variance, the Board may impose such requirements and conditions regarding the location, character, and other features of the proposed uses or structures as the Board deems necessary to carry out the intent and purpose of this Zoning Code and to otherwise safeguard the public safety and welfare.
- C. Nothing in this section shall be construed as authorizing the Board to affect changes in the Zoning Map or to add to the uses permitted in any district.

I have read Section 3307.09, Variances by Board, and believe my application for relief from the requirements of the Zoning Code satisfies the four criteria for a variance in the following ways:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_





## PROJECT DISCLOSURE STATEMENT

Parties having a 5% or more interest in the project that is the subject of this application.

**THIS PAGE MUST BE FILLED OUT COMPLETELY AND NOTARIZED.** Do not indicate 'NONE' in the space provided.

STATE OF OHIO  
COUNTY OF FRANKLIN

APPLICATION # \_\_\_\_\_

Being first duly cautioned and sworn (NAME) \_\_\_\_\_  
of (COMPLETE ADDRESS) \_\_\_\_\_

deposes and states that (he/she) is the APPLICANT, AGENT or DULY AUTHORIZED ATTORNEY FOR SAME and the following is a list of all persons, other partnerships, corporations or entities having a 5% or more interest in the project which is the subject of this application and their mailing addresses:

NAME \_\_\_\_\_

**COMPLETE MAILING ADDRESS**

SIGNATURE OF AFFIANT

Subscribed to me in my presence and before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

SIGNATURE OF NOTARY PUBLIC \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

***Notary Seal Here***